

Report on the Health Status of Older Adults

Gila County, Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Gila County.

Population Characteristics

Table 1 presents information about the characteristics of older adults living in Gila County, as compared to Arizona and the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 20% of the total population in Gila County is over the age of 65, compared to 13.0% for the state and 12.4% for the United States. For all regions, the proportion of females is higher than males within the 65 and older age group.

TABLE 1: POPULATION ESTIMATES * FOR 2001

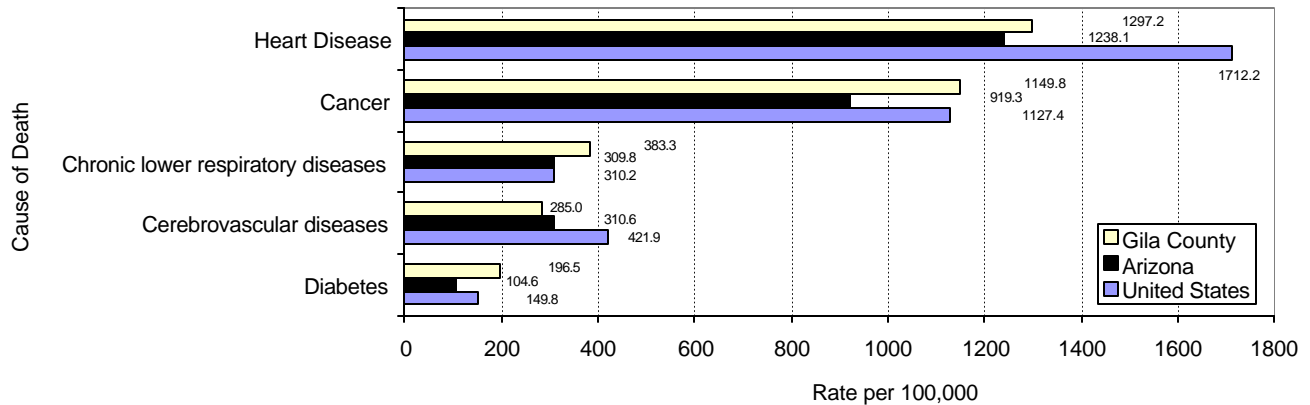
	Gila County	Arizona	United States
Total Population	51,419	5,307,331	284,796,887
Age 65+ Population	10,176 (19.8%)	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+			
Male	4,685 (46.0%)	306,535 (44.4%)	14,582,434 (41.2%)
Female	5,491 (54.0%)	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+			
Caucasian, non-Hispanic	8,682 (85.3%)	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	1,033 (10.2%)	57,413 (8.3%)	1,754,381 (5.0%)
African American	5 (0.0%)	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	371 (3.6%)	14,360 (2.1%)	140,099 (0.4%)
Asian	29 (0.3%)	6,454 (1.0%)	810,399 (2.3%)
Other	71 (0.7%)	3,506 (0.5%)	254,130 (0.7%)

*Estimates calculated based on the 2000 U.S. Census

Mortality and Hospitalizations

The five leading causes of death among adults age 65 and older in Gila County for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001; U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. For all categories, excluding cerebrovascular diseases, Gila County exceeded the state mortality rate in 2001, with the largest difference in deaths due to cancer. Gila County reported approximately 25% higher cancer deaths rate than the state in 2001. Lung cancer is the leading cause of cancer deaths both county and statewide; Gila County again reported a higher rate than the state, with 27% higher death rate than reported statewide. Whereas the county mortality rates for the other categories are higher than those of the state, Gila County had 8% lower cerebrovascular death rate than in the state in 2001.

FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000



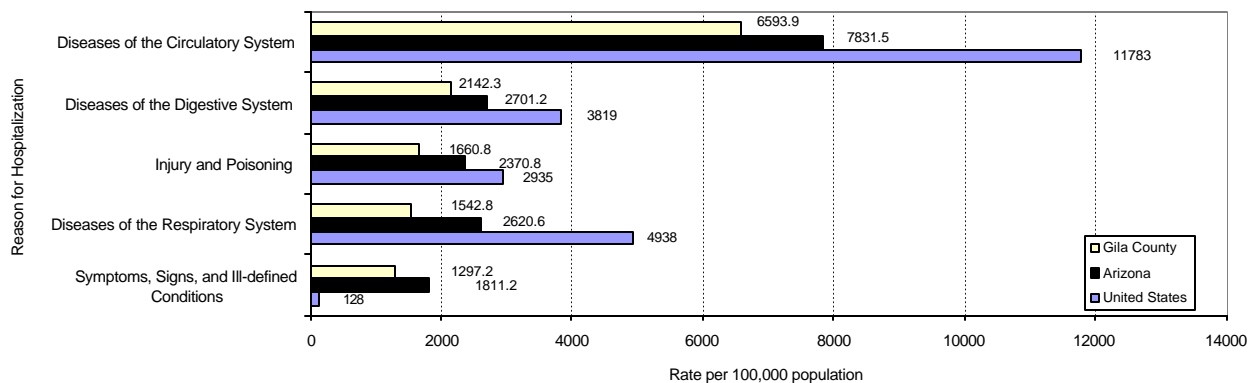
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Gila County, Arizona, and the United States, based on primary ICD9 diagnosis codes. While county and state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001; U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

For all categories, the national hospitalization rate in 2000 was higher than the 2001 rates reported for both Gila County and Arizona, excluding hospitalizations due to symptoms, signs, and ill-defined conditions, in which the national 2000 rate is considerably less than the rates reported for the county and state in 2001. Gila County reported fewer hospitalizations than Arizona for all

categories. In considering diseases of the circulatory, digestive, and respiratory systems individually, the leading medical condition within each category resulting in hospitalization for older adults countywide was heart disease, intestinal obstruction, and bronchitis, respectively. Within the injury and poisoning category, hip fractures were the most frequently diagnosed medical condition, and falls were reported as the main cause of injury. Chest pain was the leading cause of hospitalization among 65 and older adults within the symptoms, signs, and ill-defined conditions category. The average length of stay in the hospital among older adults in Gila County was 4.7 days, compared to 4.7 days for Arizona and 6.0 days nationally (year 2000 data). The average hospitalization charges for Gila County seniors in 2001 were \$23,082, compared to \$21,289 for the state; national figures are not available. Cumulative data indicates that Gila County seniors incurred total hospitalization costs equaling \$43,187,150 for the year 2001.

Risk Factors

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the county is not representative of the county population as a whole, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population in 2000.

TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+

	Gila County	Arizona	United States
Number of respondents, ages 65+	12	624	34087
Gender			
Male	6 (50.0%)	245 (39.3%)	11913 (34.9%)
Female	6 (50.0%)	379 (60.7%)	22174 (65.1%)
Race/Ethnicity			
Caucasian, non-Hispanic	10 (83.3%)	566 (90.7%)	28915 (84.8%)
Hispanic	1 (8.3%)	45 (7.2%)	1977 (5.8%)
Black	0	5 (0.8%)	1764 (5.2%)
American Indian	1 (8.3%)	5 (0.8%)	332 (1.0%)
Other	0	3 (0.5%)	1099 (3.2%)
Mean Age (Years)	70.3	73.8	74.0

As previously mentioned, BRFSS data may be limited due to small sample sizes. In the case of Gila County, only 12 residents were interviewed for the 2000 BRFSS. While data are reported for all 12

respondents, it is important to remember the small sample size in evaluating the information presented.

Of the 12 older adults surveyed in Gila County, 33.3% described their general health status as very good or excellent, compared to 41.3% for the state and 35.4% for the United States. One surveyed adult (8.3%) in the county described his/her general health as poor, a slightly lower rate than those reported for the state and the United States, 8.8% and 9.6% respectively.

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, 66.7% of the surveyed older

adults in Gila County are classified as overweight or obese by national health standards, yet only 25.0% of respondents reported current attempts at losing weight. Two-thirds of the respondents in Gila County (66.7%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 58.3% reported being physically inactive. The remaining 41.7% of respondents reported participating in a physical activity, although only 25.0% of respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is less than the state and national reported figures of 35.9% and 37.3%, respectively. The most popular activities among older adults, as reported on the statewide 2000

BRFSS, are walking, gardening, golf, aerobics, and bicycling. Also in 2000, 16.7% of surveyed adults in Gila County reported that they are current daily smokers, a higher incidence than reported for the state and the nation, 7.4% and 7.9%, respectively. Neither of the 2 smokers reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year, compared to the state and national rates of 41.3% and 40.9%, respectively.

**TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER;
BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**

	Gila County	Arizona	United States
Weight Group¹			
Normal weight	25.0%	46.8%	42.5%
Overweight	50.0%	35.1%	36.7%
Obese	16.7%	17.0%	16.8%
Unknown	8.3%	1.1%	4.0%
Daily Servings of Fruits and Vegetables			
Less than once a day or never	0.0%	1.4%	3.3%
1 to less than 3 times per day	25.0%	16.8%	21.9%
3 to less than 5 times per day	41.7%	38.8%	43.3%
5 or more times per day	33.3%	42.9%	31.5%
Activity level/exercise²			
Physically inactive	58.3%	37.5%	37.0%
Less than recommended activity	16.7%	26.6%	25.7%
Meets recommended activity level	25.0%	35.9%	37.3%
Smoking status			
Current smoker, smoke everyday	16.7%	7.4%	7.9%
Current smoker, smoke some days	8.3%	1.9%	2.1%
Former smoker	33.3%	41.3%	37.4%
Never smoked	41.7%	48.7%	52.1%
Don't know/refused question	0.0%	0.6%	0.5%

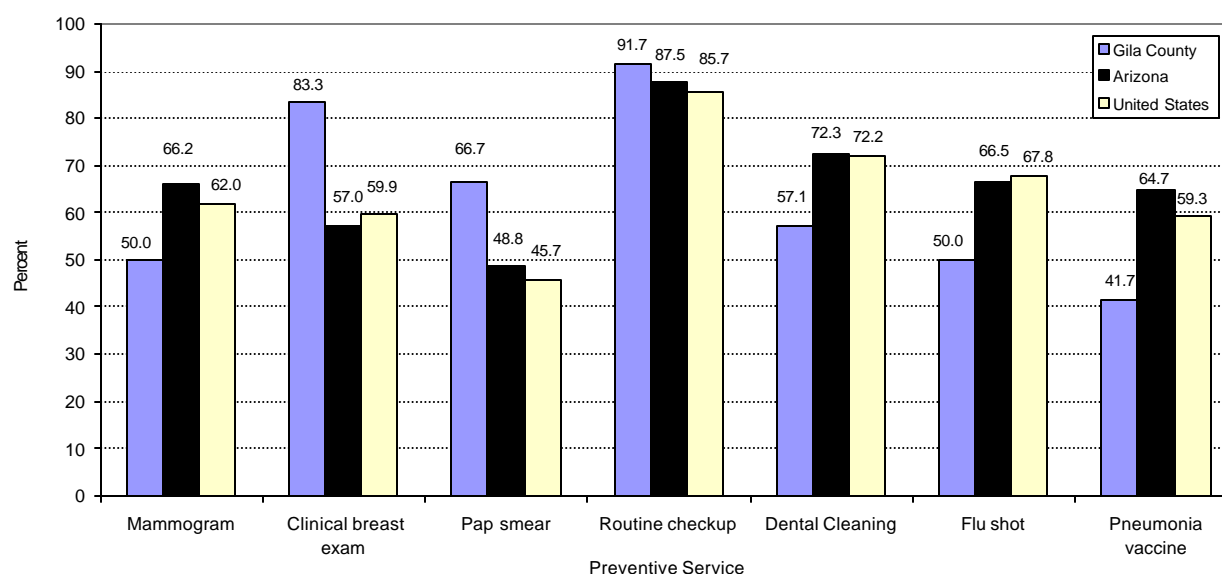
¹Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

²Recommended activity is exercise 3 or more days per week for 20 minutes or more

Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percentages for pneumococcal vaccine are reported for individuals receiving the vaccine at any point in their life.

FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



Among all survey respondents, obtaining a yearly medical checkup was the highest reported use of a preventive service, with a rate of almost 92% among Gila County respondents, compared to 87.5% and 85.7% for Arizona and the United States, respectively. While yearly dental cleaning was also highly reported among state and national respondents, a rate of approximately 72% for both regions, interviewees in Gila County reported a lower use of dental preventive care, with only 57.1% of respondents reporting having a dental cleaning within the past year. Gila County respondents reported considerably lower rates for pneumonia and flu vaccinations than for Arizona and the United States. Less than 42% of county interviewees reported having a pneumococcal vaccine in their lifetimes, compared to 64.7% statewide and 59.3% nationally. Half of county respondents received a flu shot in the past year, compared to approximately 67% of state and national survey participants.

In the category of women's health, female respondents in Gila County reported considerably higher rates for clinical breast exams and Pap smears than did state and national respondents. Nearly 84% of county females surveyed had a breast exam performed by a health professional in the past year, compared to less than 60% of state and national respondents. Approximately 67% of county respondents had an annual Pap smear, compared to less than half of Arizona and U.S. survey participants. County rates were lower for mammograms, however, with just half of survey females reporting a mammogram in the past year, compared to 66.2% of state and 62.0% of national respondents.

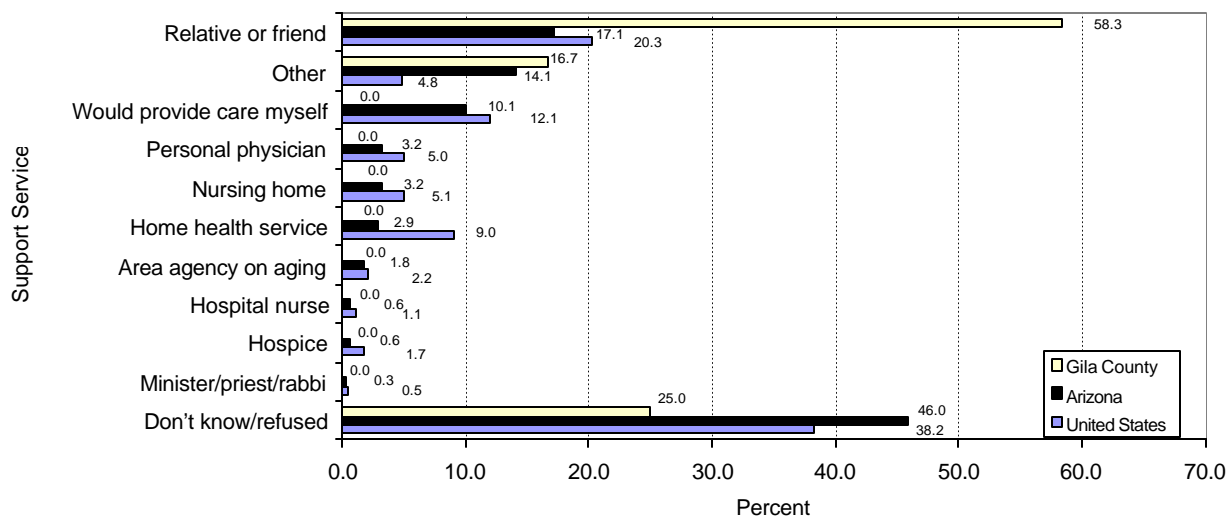
Mental Health and Support Services

According to BRFSS 2000 data, older respondents in Gila County reported having no days during the past month when their mental health was “not good”, in comparison to 1.7 days reported for Arizona and 2.1 days reported nationally. When questioned about more specific indicators of mental health status, for example feeling depressed, anxious, or not well-rested, none of the older respondents in Gila County reported having at least 14 days of poor emotional health within the past month, compared to 23.7% of state and 22.3% of national respondents. While it is interesting that no respondents in Gila County reported poor emotional health, due to the very small BRFSS sample size it is not necessarily appropriate to conclude that mental and emotional health issues do not exist in Gila County. Whereas BRFSS data are by no means a clinical diagnosis of mental condition, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents in Arizona reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs, excluding treatment provided by private agencies or personal physicians, it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, 25% of county respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, none of the older respondents in Gila County thought of these services as a resource for needed care.

FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES ; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



BRFSS 2000: “Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?”

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). One individual responded to these questions in Gila County. This individual responded that he/she did not need help with personal care needs, but that his/her spouse or partner assisted with routine tasks. Public services were not cited, although the small sample size must be considered in evaluating this observation. Statewide and nationally, public services were more frequently mentioned responses. In both regions, use of a paid employee or home health agency was the most often cited public service utilized for both personal care and routine needs.

Healthy Aging 2010

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Gila County. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

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